## COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY

(includes Reference to PCT International Applications)

ATTORNEY'S DOCKET NUMBER

PHNL030685 US

As a below named inventor, I h	ereby declare that:		
My residence, post office addre	ess and citizenship are as stat	ed next to my name.	
plural names are listed below)	of the subject matter which is APTIVE CONTROL FOR	name is listed below) or an original, claimed and for which a patent is so BEST IC PERFORMANCE"	
is attached hereto.			
was filed as United States a	application		
Serial No			
on			
and was amended			
on			
was filed as PCT internation	nal application		
Number	4/050799		
on	Au 3 (		
and was amended under PCT	Article 19		
on			(if applicable).
I hereby state that I have revier claims, as amended by any and		ents of the above-identified specifica	ation, including the
I acknowledge the duty to discl Title 37, Code of Federal Regu		rial to the examination of this applic	cation in accordance with
or inventor's certificate or of an States of America listed below any PCT international applicati	y PCT international applicatio and have identified below any on(s) designating at least one	States Code, § 119 of any foreign and n(s) designating at least one country foreign application(s) for patent or country other than the United State of the application(s) of which priority	y other than the United inventor's certificate or es of America filed by me
PRIOR FOREIGN/PCT APPLI	CATION(S) AND ANY PRIOR	ITY CLAIMS UNDER 35 U.S.C. 119	9:
COUNTRY	APPLICATION NUMBER	DATE OF FILING DAY, MONTH, YEAR	PRIORITY CLAIMED UNDER 35 USC 119
Europe	03101678.5	10 June 2003	YES
-			
	L	L	<u> </u>

Combined Declaration For Patent Application and Power of Attorney (Continued) (includes Reference to PCT International Applications)

Attorneys Docket Number PHNL030685 US

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number)

Jack E. Haken, Reg. No. 26,902 Michael E. Marion, Reg. No. 32,266 Edward M. Blocker, Reg. No. 30,245 Direct Telephone Calls to: (name and telephone number) (914)332-0222

		·		
	FULL NAME OF INVENTOR	PINEDA DE GYVEZ	Jose	SECOND GIVEN NAME  De Jesus
201	RESIDENCE & CITIZENSHIP	CITY Eindhoven	STATE OR FOREIGN COUN The Netherlands	Mexico
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Prof. Holstlaan 6	5656 AA Eindhove	n STATE & ZIP CODE/COUNTRY The Netherlands
	FULL NAME OF INVENTOR	FAMILY NAME PESSOLANO	FIRST GIVEN NAME Francesco	SECOND GIVEN NAME
202	RESIDENCE & CITIZENSHIP	CITY Eindhoven	STATE OR FOREIGN COUN The Netherlands	Italy
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Prof. Holstlaan 6	5656 AA Eindhove	
	FULL NAME OF INVENTOR	FAMILY NAME MEIJER	FIRST GIVEN NAME Rinze	SECOND GIVEN NAME Ida Mechtildis Peter
203	RESIDENCE & CITIZENSHIP	CITY Eindhoven	STATE OR FOREIGN COUN The Netherlands	Dutch
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Prof. Holstlaan 6	5656 AA Eindhove	n STATE & ZIP CODE/COUNTRY The Netherlands
	FULL NAME OF INVENTOR	FAMILY NAME RIUS VAZQUEZ	FIRST GIVEN NAME  Josep	SECOND GIVEN NAME
204	RESIDENCE & CITIZENSHIP	CITY Barcelona	STATE OR FOREIGN COUN Spain	Spain
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Miracle, 17	Barcelona 08028	STATE & ZIP CODE/COUNTRY  Spain
<del></del>	FULL NAME OF INVENTOR	FAMILY NAME RAO	FIRST GIVEN NAME Kiran	SECOND GIVEN NAME  Batni Raghavendra
205	RESIDENCE & CITIZENSHIP	Mysore	STATE OR FOREIGN COUN India	India
	POST OFFICE ADDRESS	#291, 7th Cross, 5th A	Mysore 570020	STATE & ZIP CODE/COUNTRY India
		Main, 1st Stage Boindavan Extension		

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true: and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 if Title 18 of the United states Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

		DIGNATURE OF UNKENTOR 202				
SIGNATURE OF INVENTOR 201	SIGNATURE OF INVENTOR 202	SIGNATURE OF INVENTOR 203				
Josi /mida	Francisa Penly	AAAAAegeo				
DATE	DATE	DATE				
21.10.05	21.10.05.	21.10.05.				
SIGNATURE OF INVENTOR 204	SIGNATURE OF INVENTOR 205					
	DATE					
DATE	DATE					
		}				

## COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY (includes Reference to PCT International Applications)

ATTORNEY'S DOCKET NUMBER

PHNL030685 US

As a below named inventor, I h	ereby declare that:						
My residence, post office addre	ess and citizenship are as state	ed next to my name.					
plural names are listed below) entitled: "REAL-TIME ADA	believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if lural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention intitled: "REAL-TIME ADAPTIVE CONTROL FOR BEST IC PERFORMANCE" ne specification of which (check only one item below):						
is attached hereto.							
was filed as United States a	pplication						
Serial No							
on							
and was amended	-						
on							
was filed as PCT internation	nal application						
Number 182004 0	50799						
on 29 HAY -	_						
and was amended under PCT							
on			(if applicable).				
I hereby state that I have review claims, as amended by any am		nts of the above-identified specification	, including the				
I acknowledge the duty to disclittle 37, Code of Federal Regu		rial to the examination of this applicatio	n in accordance with				
or inventor's certificate or of an States of America listed below any PCT international application	y PCT international application and have identified below any on(s) designating at least one	States Code, § 119 of any foreign applin(s) designating at least one country of foreign application(s) for patent or invector than the United States of the application(s) of which priority is cl	her than the United entor's certificate or America filed by me				
PRIOR FOREIGN/PCT APPLIC	CATION(S) AND ANY PRIORI	TY CLAIMS UNDER 35 U.S.C. 119:					
COUNTRY	APPLICATION NUMBER	DATE OF FILING DAY, MONTH, YEAR	PRIORITY CLAIMED UNDER 35 USC 119				
Europe	03101678.5	10 June 2003	YES				

Coml	oined Declaration	n For Patent Applic	ation and Pow	ver of Attorney (Continue	d)	Attorneys Docket Number	
(includ	les Reference to PC	T International Application	anon and Fow ons)	ver of Attorney (Continue	a)	PHNL030685 US	
POW all bus	ER OF ATTORNE iness in the Patent a	Y: As a named inventor and Trademark Office co	, I hereby appoint nnected therewith	t the following attorney(s) and/on. (List name and registration n	or agent(s) to pro number)	secute this application and transact	
Micha	E. Haken, Reg. ael E. Marion, Rard M. Blocker, F	eg. No. 32,266			Direct Telepho (name and tele (914)332-02	ephone number)	
		EANULY MANGE		FIDOT ON EN MANE		SECOND GIVEN NAME	
	FULL NAME OF INVENTOR	PINEDA DE G	YVEZ	Jose		De Jesus	
201	RESIDENCE & CITIZENSHIP	CITY Eindhoven		STATE OR FOREIGN COU  The Netherlands	NTRY	COUNTRY OF CITIZENSHIP  Mexico	
	POST OFFICE ADDRESS	POST OFFICE ADDRI Prof. Holstlaai		5656 AA Eindhoven		The Netherlands	
	FULL NAME OF INVENTOR	FAMILY NAME PESSOLANO		FIRST GIVEN NAME Francesco		SECOND GIVEN NAME	
202	RESIDENCE & CITIZENSHIP	CITY Eindhoven POST OFFICE ADDRESS Prof. Holstlaan 6		STATE OR FOREIGN COUNTRY The Netherlands CITY 5656 AA Eindhoven		COUNTRY OF CITIZENSHIP  Italy  STATE & ZIP CODE/COUNTRY  The Netherlands	
	POST OFFICE ADDRESS						
<del>- :</del>	FULL NAME OF INVENTOR	FAMILY NAME MEIJER		FIRST GIVEN NAME Rinze		second given name Ida Mechtildis Peter	
203	RESIDENCE & CITIZENSHIP	CITY Eindhoven		STATE OR FOREIGN COUNTRY  The Netherlands		COUNTRY OF CITIZENSHIP  Dutch	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Prof. Holstlaan 6		5656 AA Eindhoven		STATE & ZIP CODE/COUNTRY The Netherlands	
	FULL NAME OF INVENTOR	FAMILY NAME RIUS VAZQUE	FIRST GIVEN NAME  QUEZ  Josep			SECOND GIVEN NAME	
204	RESIDENCE & CITIZENSHIP	CITY Barcelona		STATE OR FOREIGN COUNTRY  Spain		COUNTRY OF CITIZENSHIP  Spain	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Miracle, 17		Barcelona 08028		STATE & ZIP CODE/COUNTRY  Spain	
41 41	FULL NAME OF INVENTOR	FAMILY NAME RAO		FIRST GIVEN NAME Kiran STATE OR FOREIGN COUNTRY India CITY Mysore 570020		SECOND GIVEN NAME  Batni Raghavendra	
205	RESIDENCE & CITIZENSHIP	CITY Mysore				COUNTRY OF CITIZENSHIP India	
	POST OFFICE ADDRESS	#291, 7th Cros Main, 1st Stag Boindavan Ex	ss, 5th A e			STATE & ZIP CODE/COUNTRY India	
true: a impris	nd further that these	e statements were made der section 1001 if Title 1	with the knowled 8 of the United s	ge that willful false statements tates Code, and that such willful	and the like so nul false statemen	formation and belief are believed to be nade are punishable by fine or ats may jeopardize the validity of the	
SIGNA	ATURE OF INVENT	OR 201	SIGNATURE O	F INVENTOR 202	SIGNAT	URE OF INVENTOR 203	

SIGNATURE OF INVENTOR 201	SIGNATURE OF INVENTOR 202	SIGNATURE OF INVENTOR 203
DATE	DATE	DATE
SIGNATURE OF INVENTOR 204	SIGNATURE OF INVENTOR 205	
DATE 21.10.05.	DATE	

## COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY (includes Reference to PCT International Applications)

ATTORNEY'S DOCKET NUMBER PHNL030685 US

As a below named invento	r, I hereby declare that:		
My residence, post office a	nddress and citizenship are as sta	ted next to my name.	
plural names are listed bel entitled: "REAL-TIME A	ow) of the subject matter which is	name is listed below) or an original claimed and for which a patent is s BEST IC PERFORMANCE"	l, first and joint inventor (if sought on the invention
is attached hereto.			
was filed as United Sta	tes application		
Serial No			
on			
and was amended			
on			
was filed as PCT intern	ational application		
00 162004	( ) And ( ) = (		
and was amended under F	PCT Article 19		
on			(if applicable).
claims, as amended by an	y amendment referred to above.	ents of the above-identified specific erial to the examination of this appli	
Title 37, Code of Federal F		enal to the examination of this appli	cation in accordance with
or inventor's certificate or of States of America listed be any PCT international appli	of any PCT international application elow and have identified below an lication(s) designating at least one	States Code, § 119 of any foreign on(s) designating at least one country foreign application(s) for patent or country other than the United State of the application(s) of which priority	try other than the United r inventor's certificate or ses of America filed by me
PRIOR FOREIGN/PCT AF	PLICATION(S) AND ANY PRIOF	RITY CLAIMS UNDER 35 U.S.C. 11	9:
COUNTRY	APPLICATION NUMBER	DATE OF FILING DAY, MONTH, YEAR	PRIORITY CLAIMED UNDER 35 USC 119
Europe	03101678.5	10 June 2003	YES

<b>.</b> .		<b>*</b> .				
Coml (includ	oined Declaratio	n For Patent Application and Por T International Applications)	wer of Attorney (Continue	ed)	Attorneys Docket Number PHNL030685 US	
POWI all bus	ER OF ATTORNE iness in the Patent a	Y: As a named inventor, I hereby appoint and Trademark Office connected therewi	nt the following attorney(s) and/ th. (List name and registration r	or agent(s) to pro number)	secute this application and transact	
Micha	E. Haken, Reg. ael E. Marion, R ard M. Blocker, F	eg. No. 32,266		Direct Telephor (name and tele (914)332-02	phone number)	
	FULL NAME OF INVENTOR	FAMILY NAME PINEDA DE GYVEZ	FIRST GIVEN NAME  Jose		SECOND GIVEN NAME  De Jesus	
201	RESIDENCE & CITIZENSHIP	CITY Eindhoven	STATE OR FOREIGN COU The Netherlands	NTRY	COUNTRY OF CITIZENSHIP  Mexico	
	POST OFFICE ADDRESS	Post office address Prof. Holstlaan 6	5656 AA Eindhoven		STATE & ZIP CODE/COUNTRY The Netherlands	
	FULL NAME OF INVENTOR	FAMILY NAME PESSOLANO	FIRST GIVEN NAME Francesco		SECOND GIVEN NAME	
202	RESIDENCE & CITIZENSHIP	CITY Eindhoven	STATE OR FOREIGN COUNTRY  The Netherlands		COUNTRY OF CITIZENSHIP Italy	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Prof. Holstlaan 6	5656 AA Eindhoven		STATE & ZIP CODE/COUNTRY  The Netherlands	
	FULL NAME OF INVENTOR	FAMILY NAME MEIJER	FIRST GIVEN NAME Rinze		SECOND GIVEN NAME  Ida Mechtildis Peter	
203	RESIDENCE & CITIZENSHIP	CITY Eindhoven	STATE OR FOREIGN COUNTRY  The Netherlands		COUNTRY OF CITIZENSHIP  Dutch	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Prof. Holstlaan 6	5656 AA Eindhov	en	The Netherlands	
	FULL NAME OF INVENTOR	FAMILY NAME RIUS VAZQUEZ	FIRST GIVEN NAME  Josep		SECOND GIVEN NAME	
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	POST OFFICE ADDRESS	POST OFFICE ADDRESS Miracle, 17	Barcelona 08028		STATE & ZIP CODE/COUNTRY  Spain	
	FULL NAME OF INVENTOR	FAMILY NAME RAO	FIRST GIVEN NAME Kiran		SECOND GIVEN NAME  Batni Raghavendra	
205	RESIDENCE & CITIZENSHIP	CITY Mysore	STATE OR FOREIGN COU India	INTRY	COUNTRY OF CITIZENSHIP	
	POST OFFICE POST OFFICE ADDRESS  ADDRESS #291, 7th Cross, 5th A		Mysore 570020	:	STATE & ZIP CODE/COUNTRY	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true: and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 if Title 18 of the United states Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Main, 1st Stage

**Boindavan Extension** 

SIGNATURE OF INVENTOR 201	SIGNATURE OF INVENTOR 202	SIGNATURE OF INVENTOR 203
DATE	DATE	DATE
SIGNATURE OF INVENTOR 204	SIGNATURE OF INVENTOR 205	
DATE	DATE 21.10.00	

U.S. Patent and Traderic Office; U.S. DEPARTMENT OF COMMERCE

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

STATEMENT UNDER 37 CFR 3.73(b)
Applicant/Patent Owner: Koninklijke Philips Electronics N.V.
Application No./Patent No.: Concurrently Filed/Issue Date: Concurrently
Entitled: REAL-TIME ADAPTIVE CONTROL FOR BEST IC PERFORMANCE
Koninklijke Philips Electronics N.V. , a corporation  (Name of Assignee) (Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)
states that it is:  1.
2. ☐ an assignee of less than the entire right, title and interest.  The extent (by percentage) of its ownership interest is ——————————————————————————————————
A. [/] An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel, Frame, or for which a copy thereof is attached.
OR
B. [ ] A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:
To: To: To: The document was recorded in the United States Patent and Trademark Office at Reel, Frame, or for which a copy thereof is attached.
2. From: To:
The document was recorded in the United States Patent and Trademark Office at Reel, Frame, or for which a copy thereof is attached.
3. From: To:
The document was recorded in the United States Patent and Trademark Office at Reel, Frame, or for which a copy thereof is attached.
[ ] Additional documents in the chain of title are listed on a supplemental sheet.
[ ] Copies of assignments or other documents in the chain of title are attached. [NOTE: A separate copy (i.e., the original assignment document or a true copy of the original document) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08]
The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.
DAVID BARNES, REG. 47,407
Date Typed or printed name
(914) 333-9693
Telephone number Signature
Corporate Counsel Title

This collection of information is required by 37 CFR 3.73(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

## POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO

I here	by revoke all	previous powers of attorney	given in the	بناجح		===		
		previous powers of attorney	/ given in the a	applic	ation identified ii	n the a	attached state	ement under
I here	eby appoint:							
	Practitioners ass	ociated with the Customer Number:		247	727		7	
1	R			٠	737			
	Practitioner(s) na	amed below (if more than ten patent	t practitioners are	to be	named then a custo		⊸i ·····bor overt bo ex	- an
ľ	<del></del>	Name					mber must be us	.ed):
		TABLIC	Registration Number		Na	me		Registration Number
								Member
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as attor any and	ney(s) or agent(s d all patent applic	s) to represent the undersigned before actions assigned only to the undersigned accordance with 37 CFR 3 73(h)	ore the United Str	ates P	atent and Trademark	Office	(USPTO) in con	nection with
attache	d to this form in a	accordance with 37 CFR 3.73(b).	grice docording to		USF I O assignment n	records	or assignment de	ocuments
Please	change the corre	espondence address for the applicat	tion identified in t	he atta	ached statement und	er 37 C	FR 3.73(b) to:	
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filed in	each applicat	together with a statement und tion in which this form is used pointed in this form if the appe	ler 37 CFR 3.7.	3(b) (I •nt ur	Form PTO/SB/96 ( ader 37 CFR 3.73)	or equ	ilvalent) is req	juired to be
		ointed in this form if the appo application in which this Pov				et on b	pehalf of the a	a by one or ssignee,
C	Stidenary are	- application in which this Pov	wer of Attorne	y 15 to	o be filed.			
	The	SIGNAT dividual whose signature and title i	TURE of Assigne is supplied below	e of R	Record thorized to act on bel	half of	the assionee	
Signature	e ////	Hadto. He	aren 1				4 Januar	2005
Name	Michae	el E. Marion	<del></del>					
Title		ized Representat	ive			lephone	e(914) 3.	33-9637
This salles								

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.